



TC:	
Intl/Qol	_:
Trans:	
11m:	
24m:	

Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

Money Follows the Person Referral

Please complete this form and send to Sara.Spisak@sta	te.sd.us
Client Information:	
Name:	
DOB: Age:	
SSN:	
Medicaid Recipient: ☐YES ☐ NO	
If YES, please list Recipient ID:	
Current Residence:	
Address:	
Length of time at Current Residence: (estimate is fine)	
Where want to live (location and type of housing):	
Target transition date:	
Referred By:	
Name:	Name:
Best contact (phone/email):	Best contact (phone/email):
Relationship to Client:	Relationship to Client:
Other Important Team/Family Members:	
Name:	
Best contact (phone/email):	
Name:	
Best contact (phone/email):	
Additional Information:	